

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

MAR 24 1934

4948

1. PLACE OF DEATH

County Jackson
Township RBW
City Kansas City (No. Menorah Hospital)

Registration District No. 190
Primary Registration District No. 190

File No. 673
Registered No. 673
St. Ward

2. FULL NAME Elizabeth Hartunian

(a) Residence, No. 3135 Main St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Hartunian		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1845		
7. AGE YEARS 48	MONTHS 9	DAYS 26
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Armenia
	13. NAME Avidis Hoheian
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Armenia
	15. MAIDEN NAME No information
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information
17. INFORMANT <u>David Hartunian</u> (ADDRESS) <u>3135 Main Street</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>McManis</u> DATE <u>Feb 11, 1934</u>	
19. UNDERTAKER <u>Stine & McClure</u> (ADDRESS) <u>3135 Main St</u>	
20. FILED <u>9/12</u> 19 <u>34</u> <u>M. M. Crowe</u> <u>Assn</u> Registrar.	

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 11 1934**

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1929, to Feb 11th 1934
I last saw her alive on Feb 11th 1934 Death is said to have occurred on the date stated above, at A. m. 8:15
The principal cause of death and related causes of importance were as follows:

*Plenicis anemia
Chronic myelitic
Acute Leukaemia*

Date of onset **2 yrs**

Other contributory causes of importance:
**811
711
7813**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chabau Sephean, M. D.
(Address) Kansas City, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. _____

Township _____

Primary Registration District No. 1002

Registered No. 673

City Kansas

(No. Memorah Hospital St. _____ Ward)

2. FULL NAME

Elizabeth Hartman

(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

acute encephalitis
Toxic (non-lethargic)
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

What test confirmed diagnosis _____ Was there an autopsy? _____

15. MAIDEN NAME _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) _____

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

20. FILED 7/12 1934 M. M. Brown Registrar.

(Signed) Q. Saphra, M. D.
(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

carefully checked. AGE should be properly classified. Name should be correctly spelled. Informant

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